## Case 19-21783-CMB Doc 60 Filed 05/09/22 Entered 05/09/22 08:54:20 Desc Main Page 1 of 2 Document

Fill in this inform	ation to identify your case:	
Debtor 1	Daniel L. Little	_
Debtor 2 (Spouse, if filing)		_
United States Ba	ankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
Case number (If known)	19-21783	Check if this is:
		■ An amended filing
Off: 1.1 E 4001		■ A supplement showing postpetition chapter 13 income as of the following date: 05/01/2022

## Official Form 1061

## Schedule I: Your Income

12/15

MM / DD/ YYYY

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,		■ Employed	☐ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation	Data Base Administrator					
	Include part-time, seasonal, or self-employed work.	Employer's name	Wesco Distributing International					
	Occupation may include student or homemaker, if it applies.	Employer's address	225 W. Station Square Dr. Pittsburgh, PA 15219					
		How long employed the	here? 4 mos					

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 9,168.00 N/A 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 N/A 9,168.00 Calculate gross Income. Add line 2 + line 3. N/A

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Debt	tor 1	Daniel L. Little	_	С	ase number (if know	wn)	19-21	783		
					For Dobton 4		Fan F	2-64	2	
					For Debtor 1			Debtor		
	Con	v line 4 hore	4.	_	\$ 9.168.0	00	\$	filing s	Pouse N/A	
	Cop	y line 4 here	4.		\$ 9,168.0	UU	Φ		IN/A	<u>.                                      </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 2,254.0	nn	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		·	00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 550.0		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			00	\$		N/A	_
	5e.	Insurance	5e.		\$ 800.0		\$		N/A	_
	5f.	Domestic support obligations	5f.			00	\$		N/A	_
	5g.	Union dues	5g.		·	00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.		. —		+ \$		N/A	_
6.	hhΑ	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	9	\$ 3,604.0		\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 5,564.0		\$		N/A	_
			۲.	,	Ψ <u>3,304.</u>	00	Ψ		IN/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business,								
	oa.	profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.			00	\$		N/A	_
	8b.	Interest and dividends	8b.	•	\$0.0	00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.		\$ 0.0	00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0.0	00	\$		N/A	_
	8e.	Social Security	8e.		\$ 0.0	00	\$		N/A	_
	8f.	Other government assistance that you regularly receive								_
		Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0.0	00	\$		N/A	
	8g.	Pension or retirement income	 8g.		\$ 0.0	00	\$		N/A	_
	8h.	Other monthly income. Specify: Consulting	8h.		\$ 3,500.0	00	+ \$		N/A	
		<del>-</del>				$\equiv$	$\vdash$			_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,500.	00	\$		N/	A
			Г			$\overline{}$				_
10.			10.   \$	\$_	9,064.00 +	- \$_		N/A	= \$ _	9,064.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L							
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		clude contributions from an unmarried partner, members of your household, your dependents, your roommates, and								
		on ther friends or relatives. To be a little of the state								
	Spe		avalla	ibie	to pay expenses	5 1151	au III Sc	11.		0.00
										0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is t	the	combined month	nly in	come.			
		e that amount on the Summary of Schedules and Statistical Summary of Certain	n Liat	biliti	ies and Related	Data	, if it	40	æ	9,064.00
	appl	ies						12.	э	9,004.00
								·	Combi	
10	D	the sympat on increase or decrease within the second flowers file this former	2						month	ly income
13.	_ '	ou expect an increase or decrease within the year after you file this form	ſ							
		No. Yes Eynlain								1

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